Revision:

/ · · ·

HCFA-PM-91- 4

(BPD)

OMB No.: 0938-

AUGUST 1991

State/Territory:

GEORGIA

SECTION 3 - SERVICES: GENERAL PROVISIONS

Citation

3.1 Amount, Duration, and Scope of Services

42 CFR
Part 440,
Subpart B
1902(a), 1902(e),
1905(a), 1905(p),
1915, 1920, and
1925 of the Act

(a) Medicaid is provided in accordance with the requirements of 42 CFR Part 440, Subpart B and sections 1902(a), 1902(e), 1905(a), 1905(p), 1915, 1920, and 1925 of the Act.

(1) <u>Categorically needy</u>.

Services for the categorically needy are described below and in $\underline{\text{ATTACHMENT 3.1-A}}$. These services include:

1902(a)(10)(A) and 1905(a) of the Act

- (i) Each item or service listed in section 1905(a)(1) through (5) and (21) of the Act, is provided as defined in 42 CFR Part 440, Subpart A, or, for EPSDT services, section 1905(r) and 42 CFR Part 441, Subpart B.
- (ii) Nurse-midwife services listed in section 1905(a)(17) of the Act, as defined in 42 CFR 440.165 are provided to the extent that nurse-midwives are authorized to practice under State law or regulation. Nurse-midwives are permitted to enter into independent provider agreements with the Medicaid agency without regard to whether the nurse-midwife is under the supervision of, or associated with, a physician or other health care provider.
- // Not applicable. Nurse-midwives are not authorized to practice in this State.

TN No. 91-31
Supersedes Approval Date 12-18-91 Effective Date 10-1-91
TN No. 90-20

Revision: HCFA-PM-91-4 AUGUST 1991

(BPD)

OMB No.: 0938-

State/Territory:__

GEORGIA

Citation

3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy (Continued)

1902(e)(5) of the Act

- (iii) Pregnancy-related, including family planning services, and postpartum services for a 60-day period (beginning on the day pregnancy ends) and any remaining days in the month in which the 60th day falls are provided to women who, while pregnant, were eligible for, applied for, and received medical assistance on the day the pregnancy ends.
- (iv) Services for medical conditions that may complicate the pregnancy (other than pregnancy-related or postpartum services) are provided to pregnant women.

1902(a)(10), clause (VII) of the matter following (F) of the Act

(v) Services related to pregnancy (including prenatal, delivery, postpartum, and family planning services) and to other conditions that may complicate pregnancy are the same services provided to poverty level pregnant women eligible under the provision of sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act.

Approval Date OCT 29 1992 Supersedes TN No. _ 91-31

Effective Date OCT 01 1992

Revision: HCFA-F

HCFA-PM-91- 4

AUGUST 1991

(BPD)

OMB No.: 0938-

State/Territory:

GEORGIA

Citation

3.1(a)(1) Amount, Duration, and Scope of Services:

Categorically Needy (Continued)

1902(a)(10)(b) of the Act

(vi) Home health services are provided to individuals entitled to nursing facility services as indicated in item 3.1(b) of this plan.

1902(e)(7) of the Act

(vii) Inpatient services that are being furnished to infants and children described in section 1902(1)(1)(B) through (D), or section 1905(n)(2) of the Act on the date the infant or child attains the maximum age for coverage under the approved State plan will continue until the end of the stay for which the inpatient services are furnished.

1902(e)(9) of the Act

1902(a)(52) and 1925 of the Act

(ix) Services are provided to families eligible under section 1925 of the Act as indicated in item 3 of this plan.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy, specifies all limitations on the amount, duration and scope of those services, and lists the additional coverage (that is in excess of established service limits) for pregnancy-related services and services for conditions that may complicate the pregnancy.

TN No. 92-34
Supersedes Approval Date OCT 29 1992
TN No. 91-31

Effective Date <u>OCT 01</u> 1992

Revision: HCFA-PM-91-4 AUGUST 1991

OMB No.: 0938-

State/Territory:

GEORGIA

Citation

3.1 Amount, Duration, and Scope of Services (continued)

42 CFR Part 440, (a)(2) Medically needy. Subpart B

X

(BPD)

This State plan covers the medically needy. The services described below and in <u>ATTACHMENT 3.1-B</u> are provided.

Services for the medically needy include:

1902(a)(10)(C)(iv) of the Act 42 CFR 440.220

(i) If services in an institution for mental diseases or an intermediate care facility for the mentally retarded (or both) are provided to any medically needy group, then each medically needy group is provided either the services listed in section 1905(a)(1) through (5) and (17) of the Act, or seven of the services listed in section 1905(a)(1)through (20). The services are provided as defined in 42 CFR Part 440, Subpart A and in sections 1902, 1905, and 1915 of the Act.

Not applicable with respect to nurse-midwife services under section 1902(a)(17). Nurse-midwives are not authorized to practice in this State.

1902(e)(5) of the Act

(ii) Prenatal care and delivery services for pregnant women.

Revision: HCFA-PM-91- 4 (BPD) OMB No.: 0938-AUGUST 1991 **GEORGIA** State/Territory: Citation 3.1(a)(2)Amount, Duration, and Scope of Services: Medically Needy (Continued) (iii) Pregnancy-related, including family 1902 (e) (10) (c) of planning services, and postpartum services for the AcT a 60-day period (beginning on the day the pregnancy ends) and any remaining days in the month in which the 60th day falls are provided to women who, while pregnant, were eligible for, applied for, and received medical assistance on the day the pregnancy ends. (iv) Services for any other medical condition that may complicate the pregnancy (other than pregnancy-related and postpartum services) are provided to pregnant women. (v) Ambulatory services, as defined in ATTACHMENT 3.1-B, for recipients under age 18 and recipients entitled to institutional services. Not applicable with respect to recipients entitled to institutional services; the plan does not cover those services for the medically needy. (vi) Home health services to recipients entitled to nursing facility services as indicated in item 3.1(b) of this plan. 42 CFR 440.140, //(vii)Services in an institution for mental 440.150, 440.160 diseases for individuals over age 65.. Subpart B, 442.441, (viii)Services in an intermediate care Subpart C facility for the mentally retarded. 1902(a)(20) and (21) of the Act [(IX) INPATIENT PSYCHIATRIC SERVICES FOR INDIVIDUALS UNGER MAE 21. Approval Date OCT 29 1992 Effective Date UCT 01 Supersedes TN No. 91-31 HCFA ID: 7982E

Revision: HCFA-PM-91-4

(BPD)

OMB No.: 0938-

State/Territory:

AUGUST 1991

GEORGIA

Citation

3.1(a)(2)

Amount, Duration, and Scope of Services:

Medically Needy (Continued)

1902(e)(9) of the Act

__/

(ix) Respiratory care services are provided to ventilator dependent individuals as indicated in item 3.1(h) of this plan.

ATTACHMENT 3.1-B identifies the services provided to each covered group of the medically needy; specifies all limitations on the amount, duration, and scope of those items; and specifies the ambulatory services provided under this plan and any limitations on them. It also lists the additional coverage (that is in excess of established service limits) for pregnancy-related services and services for conditions that may complicate the pregnancy.

TN No. 12-18-91 Supersedes Approval Date 10-1-91 Effective Date TN No. 87-18

Enclosure 1 continued

Revisions	BCFA-JM December		(000)		
	Status	Geo	orgia		
Citation	•	3.1	Amount, Duration, and Scope of Services (continued)		
			(a)(3)	Other Required Special Groupe: Qualified Medicare Remuficiaries	
1902(a)(10 and clause of the mat following and 1905(p of the Act	(VIII) ter (7),)(3)			Medicare cost sharing for qualified Medicare beneficiaries described in section 1905(p) of the Act is provided only as indicated in item 3.2 of this plan.	
1902(a)(10) (2)(ii) and 1905(a) of the Act			(a)(4)(1)	Other Required Special Groups: Ouslified Disabled and Morking Individuals	
		. · ·		Medicare Part A premiums for qualified disabled and working individuals described in section 1802(a)(10)(E)(11) of the Act are provided as indicated in item 3.2 of this plan.	
1902(a)(10) (E)(iii) and 1905(p)(3)(A)(ii) of the Act			(11)	Other Required Special Groups: Specified Low-Income Medicary Remaficiaries	
				Medicare Part B presiums for specified low-income Medicare beneficiaries described in section 1902(a)(10)(E)(iii) of the Act are provided as indicated in item 3.2 of this plan.	
1902(a)(10) (E)(iv)(I)1905(p)(3) (A)(ii), and 1933 of the Act		(TTT	Other Remired Special Groups: Qualifying Individuals - 1		
		• •		Modimum Part B premiums for qualifying individuals described in 1902(a)(10)(E)(iv)(I) and subject to 1933 of the Act are provided as indicated in item 3.2 of this plan.	
TN No. 98-	-002			lon's	
Supersedes	3-010	ybb ro487	Date lell	Sefective Date 1 1 1965	

Inclosure I continued

21 --continued

Revisions

the Act

ECFA-PH-97-3

(0000)

December 1997

States

Georgia

1902(a)(10) (E)(iv)(II), 1905(p)(3) (A)(iv)(II), 1905(p)(3) (iv) Other Required Special Groups: Gualifying Individuals - 2

The portion of the encunt of increase to the Modicare Part B premium attributable to the Bone Bealth provisions for qualifying individuals described in 1902(A) (10) (B) (iv) (II) and subject to 1933 of the Act are provided as indicated in item 3.2 of this plan.

1925 of the Act

(a)(S)

Other Meguired Special Growns: Families Receiving Extended Medicaid Henefitz

Extended Medicaid benefits for families described in section 1928 of the Act are provided as indicated in item 3.5 of this plan.

TN No. 98-002
Supersedes Approval Date 6/6/98 Sifective Date 1/98

Revision: HCFA-PM-91-4 AUGUST 1991

(BPD)

OMB No.: 0938-

State/Territory:

GEORGIA

Citation

Amount, Duration, and Scope of Services (Continued)

Sec. 245A(h) of the Immigration and Nationality Act

(a)(6) Limited Coverage for Certain Aliens

- (i) Aliens granted lawful temporary resident status under section 245A of the Immigration and Nationality Act who meet the financial and categorical eligibility requirements under the approved State Medicaid plan are provided the services covered under the plan if they--
 - Are aged, blind, or disabled individuals as (A) defined in section 1614(a)(1) of the Act;
 - (B) Are children under 18 years of age; or
 - Are Cuban or Haitian entrants as defined in (C) section 501(e)(1) and (2)(A) of P.L. 96-422 in effect on April 1, 1983.
- (ii) Except for emergency services and pregnancy-related services, as defined in 42 CFR 447.53(b) aliens granted lawful temporary resident status under section 245A of the Immigration and Nationality Act who are not identified in items 3.1(a)(6)(i)(A) through (C) above, and who meet the financial and categorical eligibility requirements under the approved State plan are provided services under the plan no earlier than five years from the date the alien is granted lawful temporary resident status.

TN No. 10-1-91 Supersedes Approval Date <u>12-18-91</u> Effective Date TN No. _ 87-18

Georgia

Revision: HCFA-PM-91-4

HCFA-PM-91- 4 AUGUST 1991 (BPD)

OMB No.: 0938-

State/Territory:____

Citation

3.1(a)(6) Amount, Duration, and Scope of Services: Limited

Coverage for Certain Aliens (continued)

1902(a) and 1903(v) of the Act

(iii) Aliens who are not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law who meet the eligibility conditions under this plan, except for the requirement for receipt of AFDC, SSI, or a State supplementary payment, are provided Medicaid only for care and services necessary for the treatment of an emergency medical condition (including emergency labor and delivery) as defined in section 1903(v)(3) of the Act.

1905(a)(9) of the Act (a)(7) Homeless Individuals.

Clinic services furnished to eligible individuals who do not reside in a permanent dwelling or do not have a fixed home or mailing address are provided without restrictions regarding the site at which the services are furnished.

1902(a)(47) /X and 1920 of the Act Presumptively Eligible Pregnant Women

(a)(8) Ambulatory prenatal care for pregnant

women is provided during a presumptive
eligibility period if the care is furnished by a
provider that is eligible for payment under the

State plan.

42 CFR 441.55 50 FR 43654 1902(a)(43), 1905(a)(4)(B), and 1905(r) of the Act

(a)(9) <u>EPSDT Services</u>.

The Medicaid agency meets the requirements of sections 1902(a)(43), 1905(a)(4)(B), and 1905(r) of the Act with respect to early and periodic screening, diagnostic, and treatment (EPSDT) services.

TN No. 93-010
Supersedes Approval Date MAY 7 1993
TN No. 92-02

Effective Date

JAN 1 1893